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PHILIP MILLS JONES, M. D., Secretary and Editor

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ADDRESS ALL COMMUNICATIONS

Secretary State Society, - - - Butler Building,
State Journal, - - - San Francisco.
Official Register, - - -

Telephone Douglas 2537

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EDITORIAL NOTES.

The Fresno *Republican*, in its issue for October 3rd, refers to an editorial in the JOURNAL for September in which we said that the Governor had been quoted as saying that he desired to see a reciprocity amendment to the present medical law that would permit anyone licensed in any state to get a license and be permitted to practice in California. The *Republican* says: "Of course there is no possibility that Governor Johnson ever made so foolish a remark; in fact, we do not know that he has given this question of medical reciprocity any attention at all." There are quite evidently a good many things that the *Republican* does not know and a good many things that it ought to find out if it is the purpose and intention of the *Republican* to serve the best interests and the future health of the people of California. And by-the-way, how can the *Republican* speak so positively, be so cock-sure that the Governor never made "so foolish a remark"? Is the *Republican* in possession of absolute knowledge of everything the Governor has ever said? How wonderful, to be so well posted; and what awful liars the men were who told us that the Governor had made that statement to them! (Singularly, all of these men had taken the examination, failed to pass and then gone to the Governor to see if he could help them!) If the *Republican* is so thoroughly posted on what Governor Johnson has and has not said, and by implication, upon what Governor Johnson has or has not given attention to, why, then, we would ask the *Republican* to tell us just what reasons Governor Johnson had for doing the following things:

Approved an amendment to the medical law

drawn in the interest of a notorious quack and allowing anyone who had successfully broken the law of the state for 15 years to get a license to continue to be a quack!

Vetoed a bill appropriating funds for the State Board of Health to continue its small share of the burden of plague-infected squirrel destruction, thus left the State Board of Health absolutely without funds almost compelling the Federal authorities to stop their part of the work.

Vetoed or allowed to die somewhere in the neighborhood of 80% of all the public health bills that managed to get through the legislature.

Is there anything in these acts, which can be very easily verified or disproved, to make one have unfaltering faith in the intention of Governor Johnson to strengthen rather than to break down laws intended for the protection of the people? Can the *Republican* explain these matters to our benighted intelligence? Does the *Republican* know that a few years ago, when the medical standards required in this state were the same as they are now and when there was a clause in the law permitting reciprocity, New York refused to reciprocate with California on the ground that our standards were too low? This also can be easily verified or disproved so it can hardly be a part of the "straw man" the *Republican* accuses us of erecting. Can the *Republican* give us any information on these matters or can it merely call names and impugn motives?

Last month the JOURNAL published an editorial note referring to the attitude of antagonism toward

all things related to scientific medicine and public health which some PESSIMISM OR SENSE? have considered too "pessimistic."

They would not so consider it were they to a greater degree conversant with the facts or could they realize the true import of daily happenings. Let us consider some things in and about the *Long Island Medical Journal*, the Official Organ of the Associated Physicians of Long Island; presumably, owned by them. In the September number is an editorial entitled "What is the public doing for us?" The first sentence is this: "Last winter and spring the medical profession came in for more than its share of unfair criticism at the hands of the daily press and a few of the monthly magazines." You see, on Long Island the feeling of unrest and antagonism is recognized. A letter is included in the editorial; it refers to a newly organized "Physicians' League" which shall deal with economic and sociologic problems only; such things as lodge practice, rich patients and dispensaries, losing patients to hospitals, adverse legislation, etc. The suggestion all through this and two other editorials in the same issue, is that physicians should organize and force the public to behave. But let us see where these evils are. "Lodge practice"; an evil strictly within the medical profession due to greed or necessity; commercialization of a learned profession; medical treatment at cut rates. "Rich patients and dispensaries"; again an evil strictly within our profession due to greed for "material"; building up a

clinic; surpassing some other fellow. "Losing patients to hospitals" has much the same etiology as the dispensary evil; personal selfishness and greed; it, too, is an evil within the profession for members of the medical profession permit it. It is unfair to blame the public for what we ourselves permit to be done to us; the layman is merely a human being and as such will take anything free that is offered him; he is as keen to get something for nothing as is the doctor! Let it not be thought that these remarks in the *Long Island Medical Journal* are from the pen of some irresponsible "socialist"; they are signed "Paul M. Pilcher." Another editorial in the same issue, dealing with the same subject, pleads for some great leader who shall make "practically effective the principle that service rendered the sick poor should be a charge upon the State." Why should the state pay anything when physicians themselves are falling over each other in the desire to give this service for nothing? Again, an evil within our own profession which we must cure and not ask to have the public cure it for us. And further, the advertising pages of this same journal show another evil; the editorial writers, who presumably are members, live and speak and write on an exalted plane of beneficence but they are willing to participate in the proceeds of the nostrum parasite by accepting the advertisements of Fellows' syrup; Gray's glycerine tonic; bovinine; sanmetto; salhepatica; anti-phlogistine; glycothymoline; Hagge's cordial; ergoapiol. Begin to clean house and cure your own diseases, gentlemen of Long Island, and the public will have more respect for you; there is no single evil of which you have spoken that is not of a cause and an existence within yourselves.

From Oklahoma comes a loud wail of anguish because the "rights" of the physician are in danger at the hands of legislature and congress and the open demand is made that physicians should establish a medical lobby and raise a fund for that purpose. What singular degradation! A learned profession to engage in the dirtiest of all occupations! And what "rights" has a physician? If laws regulating the practice of medicine were intended for the benefit of physicians, they would be unconstitutional; they are intended to protect the public against ignorance; if the public ceases to desire this protection, then the laws are changed and the people suffer. From Kansas comes the cry that the medical profession does not have the standing and the respect that it should have and the blame is placed upon the public for lack of sufficient appreciation. Everywhere the same condition of unrest, of antagonism to scientific medicine, is at last being noticed by those who should have seen it begin several years ago. But most of the unpleasant symptoms are due to faulty metabolism—or something worse—in the body medical. From one of our own counties comes the cry that members are taking the \$3.00 fee for insurance examinations and the request to know what the society can do about it. It is stupidly simple;

it is one of our own personal ailments; if no decent doctor would accept less than \$5.00 that would be the minimum fee. If no decent doctor would take the pennies that come from the lodge practice business, then regular fees would be paid for the work. If "professors" and others of less magnitude would refrain from the mad scramble to get "material," then we would not have the clinic abuse. If physicians would not work for hospitals or hospital associations for less than their regular fees, then we would not have the hospital abuse. If physicians were to follow closely the path of common honesty, then we would not have the public disapproval of that petty graft, division of fees and commissions from druggists and similar concerns. Some oculists expect and demand as much as fifty or sixty per cent. "commission" from the optician to whom they send their patients for glasses. When are we going to begin to clean house? Shall we do it ourselves or shall we wait until the public does it, forcibly and unpleasantly, for us? An applicant at the last examination of the Board of Medical Examiners called upon a number of physicians in San Francisco, said he was going to locate there, mentioned the line of work he would take up and stated that he would pay a regular "commission" of 50% for all work sent to him. He passed and got his license and doubtless already has some business; is he any worse than the men who accept the "commission"? Can we ask for or expect much public esteem when we do that sort of thing?

The *Lancet-Clinic*, of Cincinnati, in its issue for September 28th, contains an editorial entitled "Political Duty of the Profession." It is quite an interesting editorial and re-cites the improvement in college standards and work since 1896 when a state law creating a licensing board went into effect, and the better quality of physician thus furnished to the people of Ohio. "It would seem that this advanced professional standard should meet universal approval, and not be subject to constant attacks as it is in every session of the legislature." The article then goes on to state the fact that, somehow, this improved standard does not meet with "universal approval"; that various interests, cults, sects, patent medicine people and the like are banded together to do away with the protection to the public afforded by the medical law. "To preserve our present standard, a determined fight must be made. Those who would prey on the sick and ignorant are more aggressive and better organized than they have been for years." Etc. Reading between the lines one may safely conclude that the situation in Ohio is much the same as it is in California and as complained of in the *Long Island Medical Journal*. The up-growing wave of unrest; of rebellion at control, even intellectual control; the demand of the ignorant for unlimited suicide—or what it calls "thought"—of "freedom" to choose its own mode of death. If the people want absolute freedom to be preyed upon, to have